

NJ DSRIP DY 5 Appeal Guidance

Date

Learning Objective

- The purpose of this presentation is to provide clarification and understanding of the NJ DSRIP DY5 (2016) appeal process.
- The appeal process* presentation includes:
 1. Request for Information (RFI) changes
 2. The basis for initiating an appeal
 3. Non-Appealable Issues
 4. Appeal submission forms
 5. Guidance for completing the appeal form, workbook and documents
 6. Appeal Timelines

* The initiation of appeals, timelines, information and direction is provided on behalf of the New Jersey Department of Health (NJDOH/Department) and the Centers for Medicare and Medicaid Services (CMS).

DY5 Appeal Process

Request for Information Process (RFI)



Patient Level Reports (PLR)

Request for Information Process (RFI)



Patient Level Reports (PLR)

- NJ DSRIP hospitals are no longer required to submit a Request for Information (RFI) form to receive Patient Level Reports (PLR).
- Patient Level Reports (PLR) for all measure(s) that fail to achieve a met status are now included in the DY5 Payment Summary packets.
 - PLR for prior demonstration years is not provided
 - PLR for measure with a 'Met' status is not provided

For additional information regarding Patient Level Reports (PLR) please refer to the PLR Training webinar located at: <https://dsrip.nj.gov/Home/Resources>

DY5 Appeal Process

Appeal/Reconsideration Process

Basis for initiating an appeal



DY5 Appeal Process

Basis for initiating an appeal

The Appeal Process is outlined in the Funding and Mechanics Protocol, Section D and the “[NJ DSRIP Forfeiture of DSRIP Payments and Appeals](https://dsrip.nj.gov/Home/Resources)” located at <https://dsrip.nj.gov/Home/Resources>.

- Once the scoring and evaluation of metrics is completed by the Department and CMS, each hospital is notified of the amount of DSRIP Payments earned.
- DY5 Payment Summary letter provides each hospital information regarding all NJDSRIP Project measures including revisions for DY4 appeal adjudications.
- An appeal is the step in the NJ DSRIP process that provides participating NJ DSRIP hospitals a way to resolve disputed issues related to their measure results. Appeals are available for reporting or computation issues only. *For additional information regarding appealable issues, please refer to instructions later in this presentation or DY4 Appeal Results webinar located at: <https://dsrip.nj.gov/Home/Resources>.
- Hospitals have 30 calendar days from the date of notification to submit a written appeal request. Supporting documentation is required.

DY5 Appeal Process



Appeal Reminders

- When a Stage 3, Stage 4 or UPP performance measure has not been met, and the associated payment has not been earned, then the hospital has the option of submitting an appeal.
- The administrative claim data is collected and adjudicated in the New Jersey Medicaid Management Information System (MMIS) and includes information for all services received and submitted for payment for all provider types (Medicaid, Encounter, and Charity Care) during the measurement performance period.
- The results are based on review of the appeal form, appeal detail workbook, hospital submitted documentation and administrative data submitted to the New Jersey Department of Medical Assistance and Human Services (DMAHS).

DY5 Appeal Process

Appeal/Reconsideration Process



Non-appealable issue

DY5 Appeal Process

Non-appealable issue

- Per the NJ DSRIP Funding and Mechanics Protocol, the appeal process was created to address measure computation and reporting issues. After review of disputed DY4 issues submitted per each appeal, it was determined that the basis for several identified issues fell outside the approved appeal scope.
- Each issue identified in the appeals was reviewed for the possibility of an embedded valid dispute prior to the identification as Program Design and determination of an unsubstantiated dispute.
- Comments or appeal issues received regarding program design were captured and documented for future program consideration.

DY5 Appeal Process

Non-appealable issue

- Disputed issues related to CMS and DOH approved DSRIP protocols, i.e. program policy or formula designs, are not appealable issues.
- As an example, if an appeal issue is determined to fall into one of the areas noted below, the appeal will be categorized as 'Program Design' and will likely result in an unsubstantiated status.
 1. Decimal points are included in some value sets
 2. Hidden Data on Patient Level Reports
 3. Did not receive 2014 data requested
 4. Differences (updates) in measure steward versions
 5. Funding and Mechanics protocol broken by UPP payment
 6. Special Terms and Conditions broken
 7. Adjusted claims – MMIS Measures
 8. Chart Measure – Issues unrelated to computation or reporting disputes

DY5 Appeal Process

Appeal/Reconsideration Process



Preparing the appeal form

DY5 Appeal Process

Preparing the appeal form

DY5 Appeal Forms have been updated and now consist of the following:

1. The **DY5 appeal form** is limited to Sec. I. Hospital Information, Sec. II. Reconsideration Reason and Sec. III. Reconsideration Support Information. The appeal form must be submitted with the separate Appeal Detail workbook, located at <https://dsrip.nj.gov/Home/Resources>.
2. In order to ensure all submitted issues are identified for review using the approved appeal process, the appeal form has been updated to include the **Appeal Detail workbook** which allows detailed information to be provided for each issue. (Instructions for completion are provided later in this document.)

DY5 Appeal Process

Preparing the appeal form

The DY5 appeal form contains the following sections:

Sec. I. Hospital Information

Sec. II. Reconsideration Reason

Sec. III. Reconsideration – Support Information

- ✓ Appeal Form located on the NJDSRIP website - <https://dsrip.nj.gov/Home/Resources>



NJDSRIP Appeal/Reconsideration Form

(Please complete all sections)

Sec. I. HOSPITAL INFORMATION:

Hospital Name: [Select Hospital](#)

Submission Date: [Click here to enter a date.](#)

Medicaid Provider ID: [Click here to enter text.](#)

Project Name: [Select Project Name](#)

Documents Attached: ☐ Yes ☐ No

Submitted By: [Enter Submitted By Name](#)

Contact Information: [Enter Phone and email](#)

Executive Level Project Representative: [Click here to enter text.](#)

Project Point of Contact: [Click here to enter text.](#)

Sec. II. RECONSIDERATION REASON

The reconsideration process is available to address reporting and/or computational discrepancies within the 2016 Performance Period. Please select the issue category and issue type from the options provided. Only one category and type may be selected per issue. (Please note: only the areas identified in this request will be included in the reconsideration.)

Issue No.	Issue Name (Brief description of issue)	DSRIP Measure ID	Issue Categories* 1. Databook/Value Sets 2. Chart/EHR Measure 3. MMIS Measure 4. Other	Issue Type* 1. Reporting 2. Computation
1.	Enter text	##	<Select from options>	<Select from options>
2.	Enter text	##	<Select from options>	<Select from options>

*Only one category or type may be selected per issue; additional rows may be added for additional issues

Sec. III. RECONSIDERATION-SUPPORT INFORMATION

Each issue will be reviewed for validity and completion upon submission. Please ensure your request includes a detailed description of the identified variance and supporting documentation applicable for each issue listed. This information should be included in the 'Appeal Detail' tab of the corresponding NJ DSRIP DY5 Appeal Detail Hospital Name workbook. This workbook is also located at <https://dsrip.nj.gov/Home/Resources>. (See workbook for directions)

Important Reminders:

To initiate the appeal, the completed Appeal Detail Hospital Name workbook must be submitted along with Supporting Documents via the <https://transfer.mslc.com/>.

The completed form above may be submitted to the NJDSRIP@mslc.com.

Please do not send documents that contain protected health information (PHI) with the form. |

DY5 Appeal Process

Sec. I. Hospital Information - Form

NJDSRIP Appeal/Reconsideration Form

(Please complete all sections)

Sec. I. HOSPITAL INFORMATION:

Hospital Name: Select Hospital

Submission Date: Click here to enter a date.

Medicaid Provider ID: Click here to enter text.

Project Name: Select Project Name

Documents Attached: ☐ Yes ☐ No

Submitted By: Enter Submitted By Name

Contact Information: Enter Phone and email

Executive Level Project Representative: Click here to enter text.

Project Point of Contact: Click here to enter text.

Sec. I Hosp Information - Must be complete to submit a request for appeal.

Shaded areas allow the user to select from a list or enter information.

Submission Date - Please ensure this date is updated if submission date is delayed. *Submission date different than the date of receipt of document will be noted.

Documents Attached - Indicate if supporting documents are submitted.

Appeal Form - Complete form must be submitted with the Appeal Detail workbook to initiate the appeal.

DY5 Appeal Process

Sec. II. Reconsideration Reason - Form

Sec. II. RECONSIDERATION

The reconsideration process is available to address reporting and 2016 Performance Period. Please select the issue type and issue category and type may be selected per issue. (Please note: only 1 included in the reconsideration.)

Issue No.	Issue Name (Brief description of issue)	DSRIP Measure ID	Is
1.	2.	3.	1
1.	Enter text	##	2
2.	Enter text	##	3
			4

*Only one category or type may be selected per issue, additional rows may be added for

1. The issue number is created by the hospital when completing the form for each appealed issue. This number is used to identify and track each separate issue throughout the appeal process.
2. The issue name is created by the hospital when completing the form for each appealed issue. The issue name contains a brief title or description to identify the submitted issue.
3. Enter the DSRIP Measure ID # (if appropriate for the submitted issue).

DY5 Appeal Process

Sec. II. Reconsideration Reason - Form

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g and/or computational discrepancies within the issue category from the options provided. Only one only the areas identified in this request will be

Issue Type*	Issue Category*
1. Databook/Value Sets	1. Reporting
2. Chart/EHR Measure	2. Computation
3. MMIS Measure 4.	5.
4. Other	
<Select from options>	<Select from options>
<Select from options>	<Select from options>

ed for additional issues

4. The affected area of dispute, DY5 Performance Period (2016) include:

1. Databook/Value Set - measure criteria or related value set(s)
2. Chart/EHR - measure abstracted and submitted by the hospital
3. MMIS Measure - abstracted via claims data
4. Other - disputed areas not listed above

Select one (1) issue type for each appealed issue submitted.

5. The basis for each appealable issue identified as category 'Reporting' or 'Computation' only.

Select one (1) category for each appealed issued submitted.

DY5 Appeal Process

Sec. III. Reconsideration – Support Information

Sec. III. RECONSIDERATION-SUPPORT INFORMATION

Each issue will be reviewed for validity and completion upon submission. Please ensure your request includes a detailed description of the identified variance and supporting documentation applicable for each issue listed. This information should be included in the 'Appeal Detail' tab of the corresponding NJ DSRIP DY5 Appeal Detail_Hospital Name workbook. This workbook is also located at <https://dsrip.nj.gov/Home/Resources>.
(See workbook for directions)

Important Reminders:

To initiate the appeal, the completed Appeal Detail_Hospital Name workbook must be submitted along with Supporting Documents via the <https://transfer.mslc.com/>.

The completed form above may be submitted to the NJDSRIP@mslc.com.

Please do not send documents that contain protected health information (PHI) with the form.

NJDSRIP Request for Appeal/Reconsideration DY5 (2016)

pg. 1

- The appeal form is required to be submitted along with the appeal detail workbook located on the NJ DSRIP website.
- The appeal workbook provides specific detailed information related to each appealed issue and is separately listed. [This format confirms all submitted issues are identified for review.]
- Supporting documents should be submitted for each issue using the correct file name format: hosp name_issue#_measure#
- Submit all documents via the secure FTP at <https://transfer.mslc.com/>

DY5 Appeal Process

Appeal/Reconsideration Process



Preparing the appeal workbook

DY5 Appeal Process

Preparing the appeal workbook

The DY5 appeal workbook contains the following tabs:

Tab 1: Instructions for Appeal Detail

Tab 2: DY5 Appeal Detail

DYS Appeal Detail_Hosp Name_MMDDYY

H12

	A	B	C	D	E	F	G	H	I	J
	Issue Number	DSRIP Eligible Hospital	Hospital ID	Issue Description (Detail)	DSRIP Measure ID #	Issue Category	Stage 3/UPP	Issue Type	Supporting Documentation Name (hosp name_issue#_measure#)	Page# (for each issue)
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										

Please provide detailed information to describe the noted discrepancy and submit, along with the completed DY5 Appeal Form, via the FTP at: <https://transfer.mslic.com/>

Tab 1. Instructions for Appeal Detail

Tab 2. DY 5 Appeal Detail

READY 100%

DY5 Appeal Process

Tab 1: Instructions for Appeal Detail

- Tab 1. provides description and direction for each column in Tab 2.

Please note: The Appeal Detail workbook must be submitted with the Appeal Form to initiate an appeal.



Preparing the appeal workbook

DY5 Appeal Detail_ Hosp Name_MMDDYY

	A	B	C
1	Location	Column Name	Description
2	Column A	Issue Number	The issue number is created by the hospital when completing the DY5 Appeal Form and is used to identify and track each separate issue. (This number is not auto-populated, please use 1, 2, 3, etc.)
3	Column B	DSRIP Eligible Hospital	Hospital Name
4	Column C	Hospital ID	Hospital NJ Medicaid ID
5	Column D	Issue Description	Detailed description of issue, additional documents may be submitted if needed
6	Column E	Measure Number	DSRIP Measure # from NJ DSRIP Databook
7	Column F	Issue Category	The basis for each appealable issue identified as Reporting or Computation only. Select one category for each appealed issue submitted.
8	Column G	Stage 3/UPP	Indicates the stage for which payment is applied
9	Column H	Issue Type	The affected area of dispute: DYS Performance Period (2016) 1. Databook/Value Sets - (measure criteria or related value set(s)) 2. Chart/EHR/Measures - (measure abstracted per hospital via chart/EHR (revised abstractions are not available for appeal after final payment notices are provided)) 3. MMIS Measure - (measures abstracted per MMIS claims data) 4. Other
10	Column I	Supporting Documentation Name	Name of document supporting each issue using file name format: hosp name_issue#_measure# [One document may be submitted to support multiple disputed issues, page numbers must be provided for each appealed issue.]
11	Column J	Page# (for each issue)	Page number of document that identifies support for appealed issue
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			

Sec. II. RECONSIDERATION REASON

The reconsideration process is available to address reporting and/or computational discrepancies within the 2016 Performance Period. Please select the issue type and issue category from the options provided. Only one category and type may be selected per issue. (Please note: only the areas identified in this request will be included in the reconsideration.)

Issue No.	Issue Name (Brief description of issue)	DSRIP Measure ID	Issue Type*	Issue Category*
1	Enter text	##	1. Databook/Value Sets 2. Chart/EHR Measure 3. MMIS Measure 4. Other	1. Reporting 2. Computation
2	Enter text	##	<Select from options> <Select from options>	<Select from options> <Select from options>

*Only one category or type may be selected per issue, additional rows may be added for additional issues

Issue No. are created for each row, 1, 2, 3, etc.

Instructions for Appeal Detail

DY 5 Appeal Detail

DY 5 Appeal Process

Preparing the appeal workbook

Tab 2: DY5 Appeal Detail (Completing the Appeal Detail workbook)

The screenshot displays an Excel workbook titled "DY5 Appeal Detail_ Hosp Name_MMDDYY". The active sheet is "DY 5 Appeal Detail", which is highlighted with a red box in the bottom sheet selector. The worksheet contains a table with the following columns:

Issue Number	DSRIP Eligible Hospital	Hospital ID	Issue Description (Detail)	DSRIP Measure ID #	Issue Category	Stage 3/UPP	Issue Type	Supporting Documentation Name (hosp name_issue#_measure#)	Page# (for each issue)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									

A text box in row 10, column D, contains the instruction: "Please provide detailed information to describe the noted discrepancy and submit, along with the completed DY5 Appeal Form, via the FTP at: <https://transfer.mslc.com/>".

DY 5 Appeal Process



Tab 2: DY5 Appeal Detail

Sec. II. RECONSIDERATION REASON

The reconsideration process is available to address reporting ar 2016 Performance Period. Please select the issue type and iss category and type may be selected per issue. (Please note: only included in the reconsideration.)

Issue No.	Issue Name (Brief description of issue)	DSRIP Measure ID
1.	Enter text	##
2.	Enter text	##

*Only one category or type may be selected per issue, additional rows may be added to

	A	B
1	Issue Number	DSRIP Eligibi
2		
3		
4		
5		
6		
7		
8		
9		

The issue number is created by the hospital when completing the Appeal Form for each issue. This issue number is transferred to the DY5 Appeal Detail workbook and is used to identify and track each separate issue.

DY5 Appeal Process

Preparing the appeal workbook

Tab 2: DY5 Appeal Detail (Completing the Appeal Detail workbook)

	A	B	C	D	E	F	G	H
1	Issue Number	DSRIP Eligible Hospital	Hospital ID	Issue Description (Detail)	DSRIP Measure ID #	Issue Category	Stage 3/UPP	Issue Type
2								
3								
4								
5								
6								
7								
8								

Columns A through F and H contain information transferred from the Appeal form document.

Column G identifies the measure stage or UPP. For those issues appealed for measures that have a Not Met achievement value in more than one (1) stage, each stage should be identified separately.

DY5 Appeal Process

Preparing the appeal workbook

Columns I and J contain information relative to the submission of the supporting documentation or information for each appeal.

Supporting information must be available for each issue submitted and must follow the naming convention noted in column I.

The same document may be submitted to support several issues. However, if this occurs, please identify the page number for each issue supported in column I.

Please limit supporting documentation to no more than 15 pages. Additional information or clarification will be requested if needed.

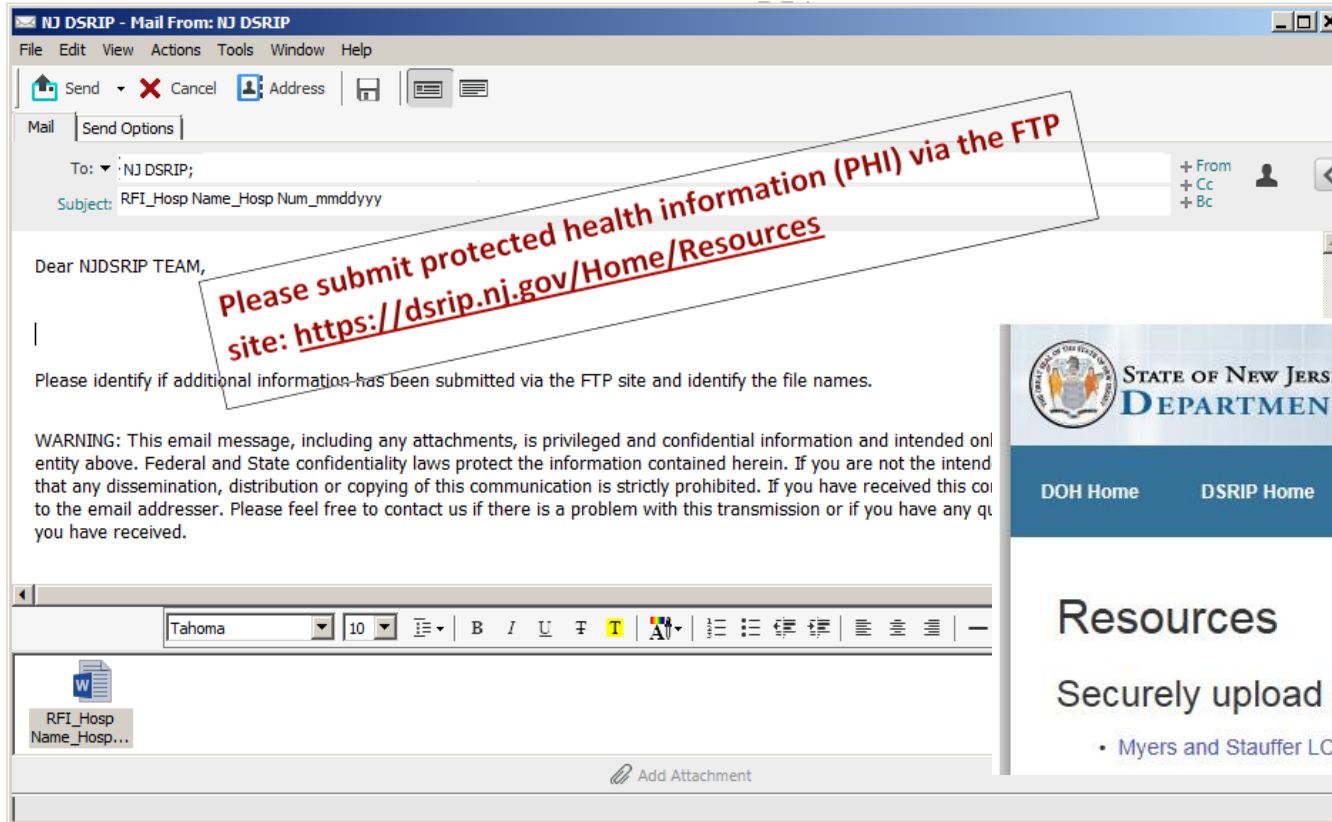
If supporting information is not submitted, please indicated 'No' in column I.

Tab 2: DY5 Appeal Detail (Completing the Appeal Detail workbook)

H	I	J
Issue Type	Supporting Documentation Name (hosp name_issue#_measure#)	Page# (for each issue)

DY5 Appeal Process

- Submit the Appeal form and the Appeal Detail workbook and supporting information containing PHI via the FTP site <https://dsrip.nj.gov/Home/Resources>



DY5 Appeal Process

Appeal/Reconsideration Process



Timelines

DY5 Appeal Process

APPEAL PROCESS TIMELINE

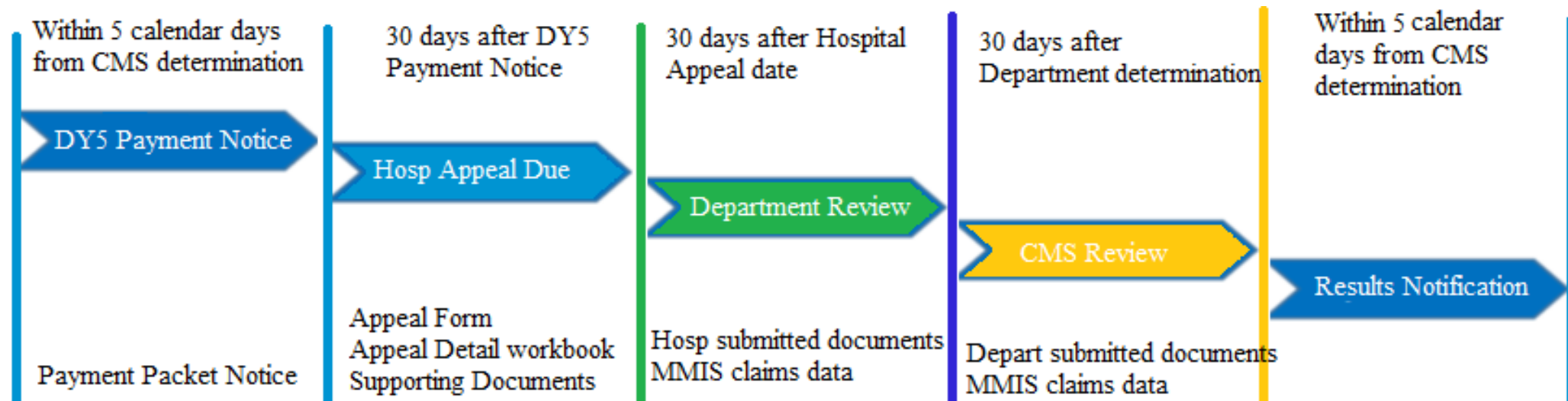
Appeal Process as outlined in, "[NJ DSRIP Forfeiture of DSRIP Payments and Appeals.](#)"

- **The DSRIP Hospital** - has 30 calendar days from the date of notification of payment achievement to submit a written appeal request and information to support the request.
- **The Department** - has 30 days to review the hospital submitted written appeal and supporting documentation and provide a written recommendation to CMS for approval or denial of the appeal request.
 - ✓ Each DY 4 issue appealed was independently reviewed for recommendation.
- **CMS** - has 30 days to review the Department's recommendation and provide written approval or denial of the hospital's appeal request.
- Hospitals will be provided written notification of the final CMS approval or denial.

DY5 Appeal Process

Timeline without delays or write-backs

- Hospital
- Department
- CMS



Note – Timelines listed are subject to on-going project events and other unforeseen situations by all parties, including NJ DSRIP Providers, Myers and Stauffer LC, NJ Department of Health and Centers for Medicare and Medicaid.

DY5 Appeal Process

Timeline with write-backs

- At any point in the appeal process, if it is determined additional information is needed, the hospital will have five business days to provide the requested information to the Department.
- The Department will send written notification to the hospital within five business days following notice from CMS of the final appeal adjudication.



CONTACT THE NEW JERSEY DSRIP TEAM

For more information about the New Jersey DSRIP Program or if you have questions or concerns relating to this website, please contact us at:

njdsrip@mslc.com

If you are encountering problems with this website, please call the
Myers and Stauffer LC DSRIP Service Desk at:
1-844-325-7811